

COVER PAGE

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Fletcher	Nathan	B		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CA State Assembly

Division, Beard, District, if applicable:

Your Position:

Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____ through December 31, 2009.

☐ Leaving Office (Check one)

Date Left: ____/____/____

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____ through the date of leaving office.

☐ Candidate

Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 6

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes -- schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes -- schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes -- schedule attached
Real Property

Schedule C ☒ Yes -- schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes -- schedule attached
Income -- Gifts

Schedule E ☒ Yes -- schedule attached
Income -- Gifts -- Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/1/10

S

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Fletcher

► **1. BUSINESS ENTITY OR TRUST**

Arrow Advisers, Inc

Name

4079 Governor Drive #111, San Diego, CA 92122

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Public Affairs

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION Co-Owner

► **1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

► **2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► **2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► **3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

United Friends of Children

► **3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

► **4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

► **4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Fletcher

► STREET ADDRESS OR PRECISE LOCATION

6845 Radcliffe Drive

CITY

San Diego, CA 92122

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Fletcher

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

State of California

ADDRESS (Business Address Acceptable)

State Capitol, Room 2111, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Assemblymember

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Ogilvy Public Relations

ADDRESS (Business Address Acceptable)

2495 Natomas Park Dr, #650, Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Relations

YOUR BUSINESS POSITION

Senior Advisor

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Fletcher

► NAME OF SOURCE
 Various Healthcare/Life Sciences Entities

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Healthcare and Life Sciences

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 28 / 09	\$ 216.88*	Reception/dinner
	\$	
	\$	

► NAME OF SOURCE
 California Bankers Association

ADDRESS (Business Address Acceptable)
 1303 J Street, Suite 600 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 24 / 09	\$ 26.10*	Dinner
	\$	
	\$	

► NAME OF SOURCE
 Counsel For Legislative Excellence

ADDRESS (Business Address Acceptable)
 2150 River Plaza Drive #150, Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government & Public Administration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 09	\$ 61.74*	Jacket
12 / 01 / 09	\$ 147.01*	Briefcase
12 / 01 / 09	\$ 94.27*	Bracelet

► NAME OF SOURCE
 Counsel For Legislative Excellence

ADDRESS (Business Address Acceptable)
 2150 River Plaza Drive #150, Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government & Public Administration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 09	\$ 59.22*	Cufflinks
12 / 01 / 09	\$ 8.72*	Gift bag
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: * Sponsored by 13 entities, all of which paid less than \$50 per person for the event costs (reimbursement for each sent after 30 days) * Reimbursement to Banker's Dinner sent after 30 days. * Jacket, briefcase and bracelet returned after 30 days. * Reimbursement sent for cuff links and gift bag after 30 days.

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Fletcher

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**

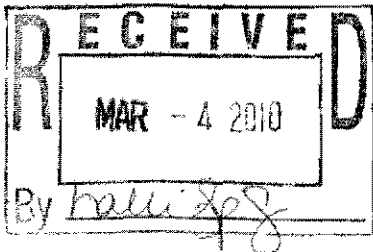
▶ NAME OF SOURCE San Diego County Regional Airport Authority
ADDRESS (Business Address Acceptable) P.O. Box 82776
CITY AND STATE San Diego, California 92138-2776
BUSINESS ACTIVITY, IF ANY, OF SOURCE Manage the operations of San Diego International
DATE(S): ____/____/09 - ____/____/09 AMT: \$ ____ *4,455.00 <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: Airport parking pass

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

Comments: * This is an estimate based on the San Diego Airport's parking rates & the legislative calendar. The San Diego County Regional Airport Authority could not provide me with an exact amount of compensation for last year.



EB

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE
The American Council of Young Political Leaders
ADDRESS (Business Address Acceptable)
2131 K Street, NW Suite 400
CITY AND STATE
Washington, DC 20037
BUSINESS ACTIVITY, IF ANY, OF SOURCE
501c3 organization that conducts bipartisan exchange
DATE(S): 08 / 01 / 09 - 08 / 14 / 09 AMT \$ 7672.34
(If applicable)
TYPE OF PAYMENT (must check one) ☒ Gift ☐ Income
DESCRIPTION To promote understanding and cultivate
lasting political, economic and cultural
relationships among young political leader

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT \$ ____
(If applicable)
TYPE OF PAYMENT (must check one) ☐ Gift ☐ Income
DESCRIPTION _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)
TYPE OF PAYMENT (must check one) ☐ Gift ☐ Income
DESCRIPTION _____

Verification

Print Name Nathan Fletcher
Office, Agency or Court California State Assembly
Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 3/24/10

Sig _____

Comments: _____